

Spinal Neoplasms and Mimics

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Spine Disease Categories

- Congenital malformations
- Trauma
- Degenerative Disease
 - Osteoarthritis, Disk Disease
- Inflammatory
 - Multiple Sclerosis, Transverse Myelitis
- Neoplasms
- Vascular



Spine Disease Locations

- Intramedullary Lesions
- Intradural – Extramedullary Lesions
 - In the subarachnoid space
- Extradural Lesions
 - Inside the bony neural canal/arch
 - Affecting the bone, disc, ligament
 - Outside the spinal column



Localization of Spinal Masses

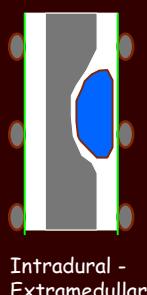


Intra-medullary Intradural Extradural



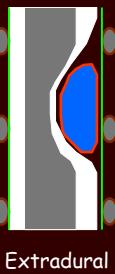
Spine - Extramedullary Lesions

- Traumatic
 - Subarachnoid hemorrhage
- Vascular
 - Subarachnoid Hemorrhage
 - Varices
- Inflammatory
 - Meningitis
- Neoplastic
 - Meningioma
 - Schwannoma, Neurofibroma
 - Epidermoid, Dermoid
 - Paraganglioma
 - Metastasis




Spine - Extradural Lesions

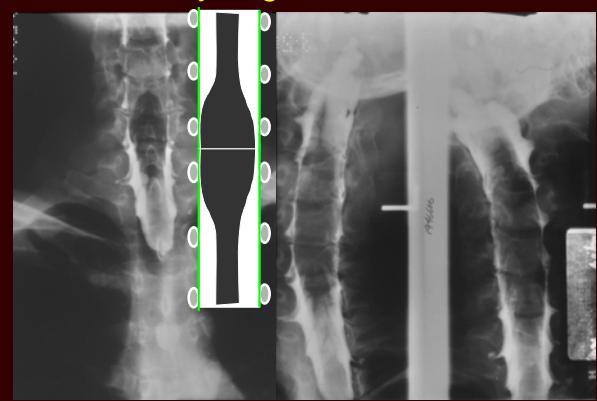
- Traumatic
 - Epidural Hematoma
- Vascular
 - Batson's Plexus, Interruption of IVC
 - Vertebral Hemangioma
- Inflammatory
 - Vertebral Osteomyelitis
 - Epidural abscess
- Neoplastic
 - Lymphoma
 - Osteoblastoma, Giant Cell Tumor
 - Lipomatosis
 - Metastases




Intradural Intramedullary Tumors

- Ependymoma
- Astrocytoma
- Hemangioblastoma
- Oligodendrogloma
- Metastatic
- Lipoma of filum
- Syringohydromyelia

Cervical Myelogram



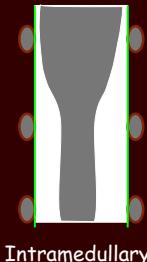
DDx of EXPANDED CORD

- Primary & Secondary Neoplasms
- Myelitis, Abscess
- Granuloma
- Acute MS
- Syringohydromyelia (primary/secondary)
- Vascular - Infarct, Edema
- Trauma - Hematoma, Contusion, Edema



Spine - Intramedullary Lesions

- Traumatic
 - Contusion, Edema
- Vascular
 - Ischemia, Hemorrhage
- Inflammatory
 - Demyelination, Myelitis
- Neoplastic
 - **Ependymoma**
 - Astrocytoma
 - Hemangioblastoma
 - Syringohydromyelia



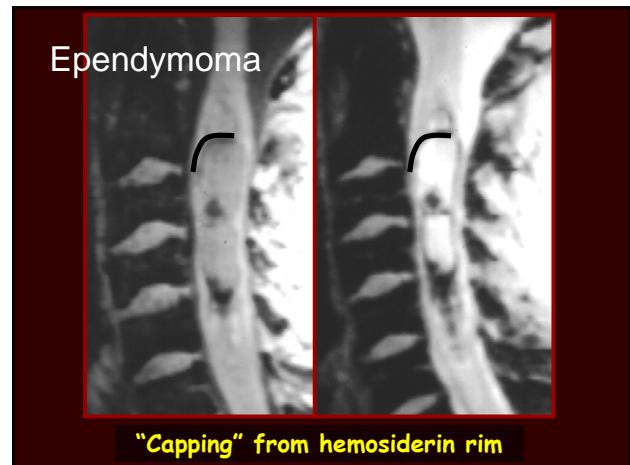
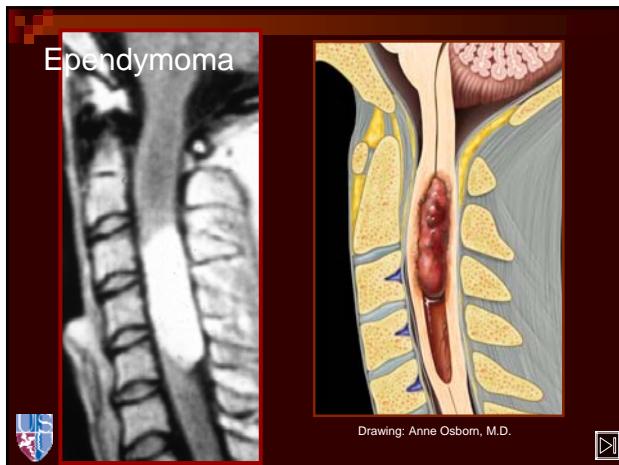
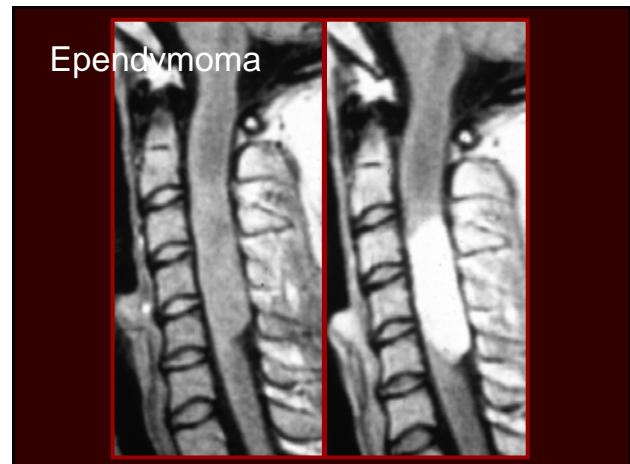
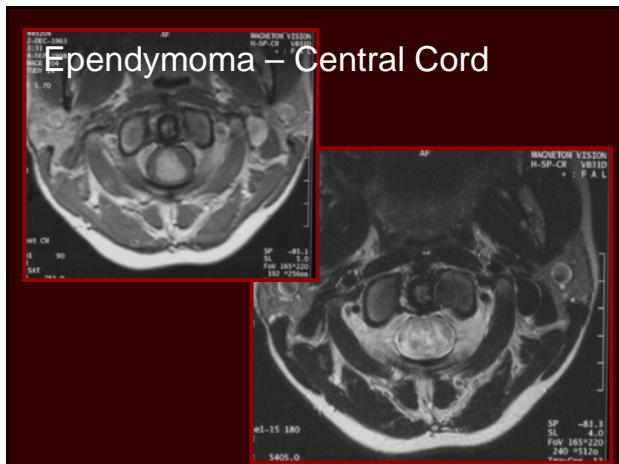
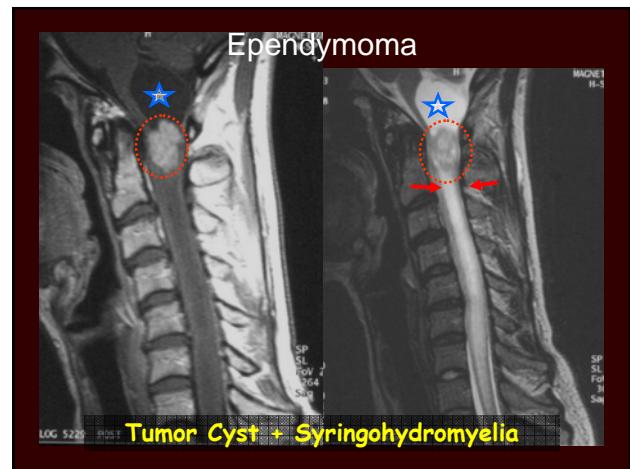
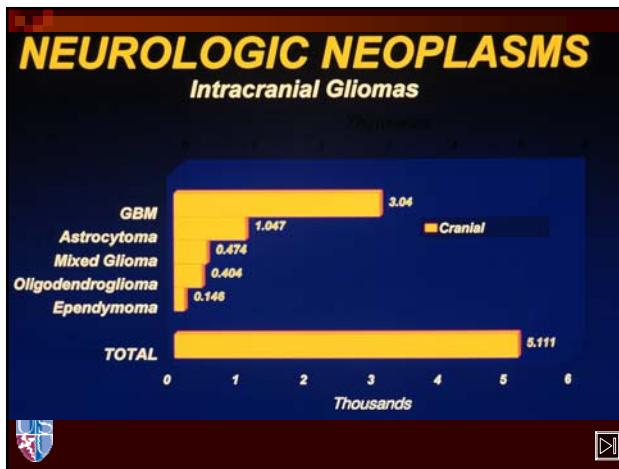
EPENDYOMOMAS

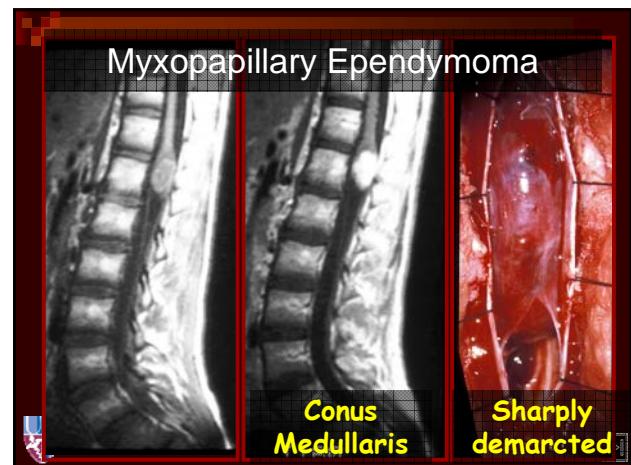
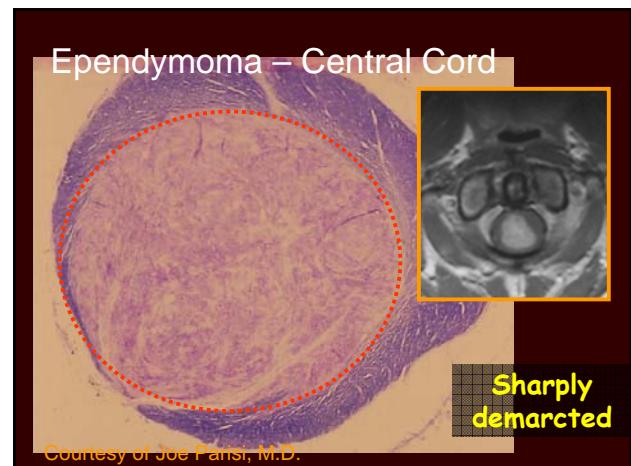
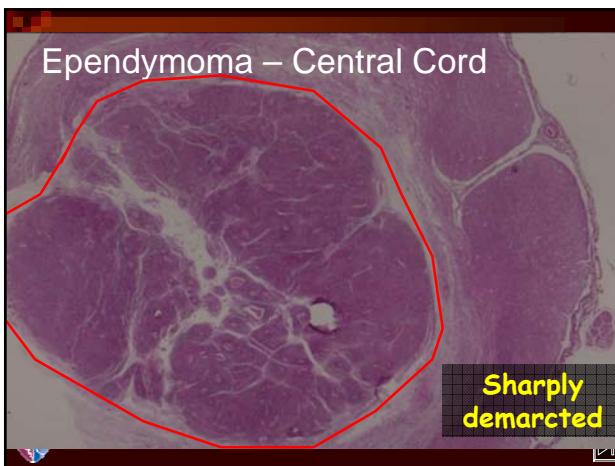
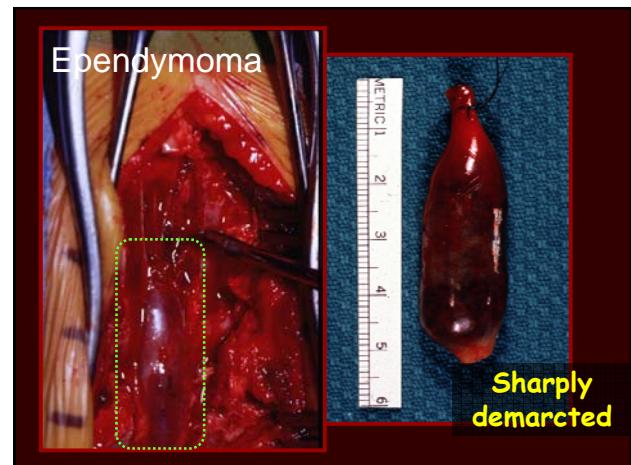
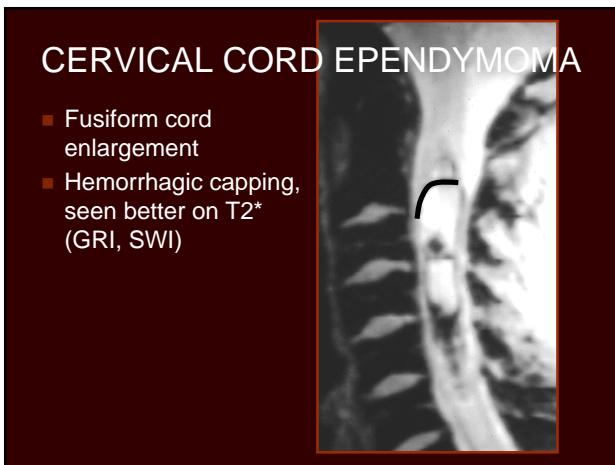
- 90% of intramedullary neoplasms are gliomas: ependymoma, astrocytoma and oligodendrogloma
- 65% of cord gliomas are Ependymoma
- 60% are in filum (myxopapillary type)
- **Ependymoma** is slow growing
 - Vascular with blood products – "Hemosiderin Cap"
 - Cystic changes seen often
 - Solid areas enhance homogeneously
 - Well demarcated and resectable

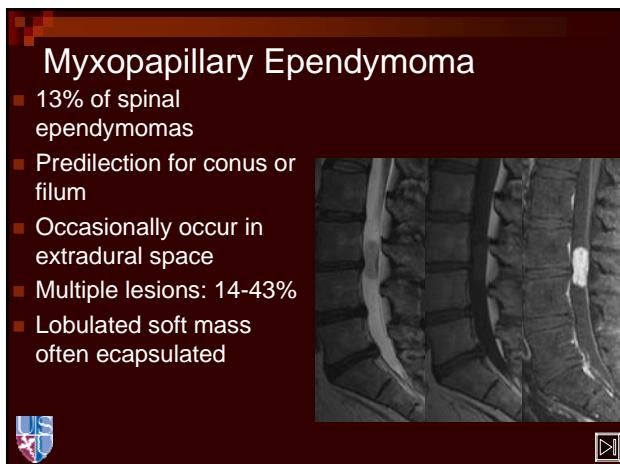
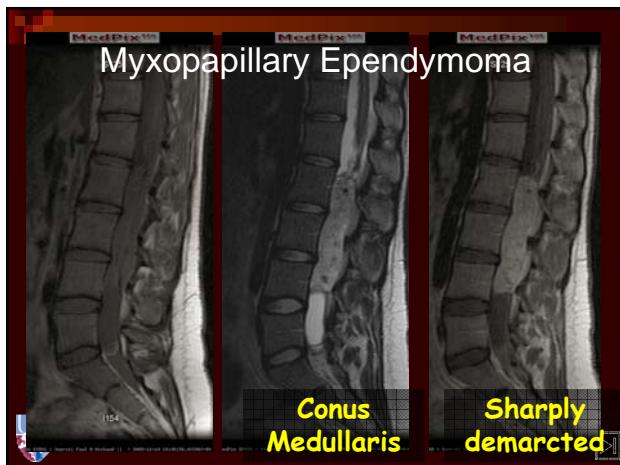
NEUROLOGIC NEOPLASMS

Spinal Gliomas

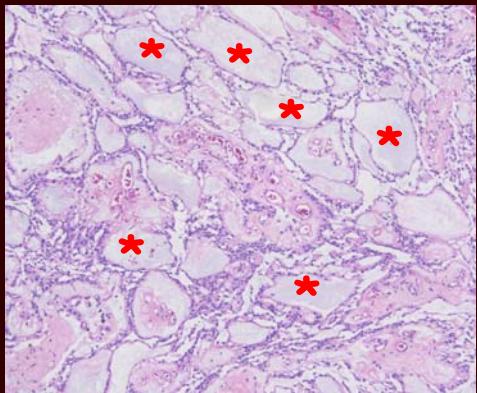








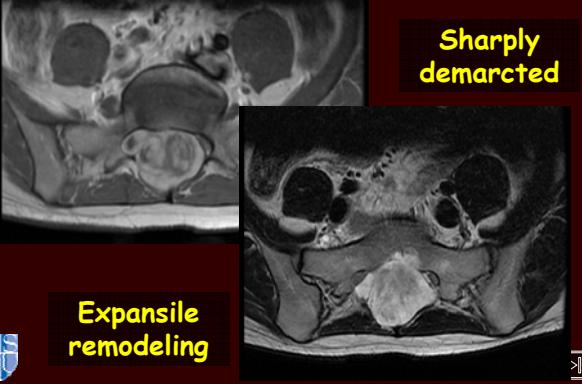
Myxopapillary Ependymoma



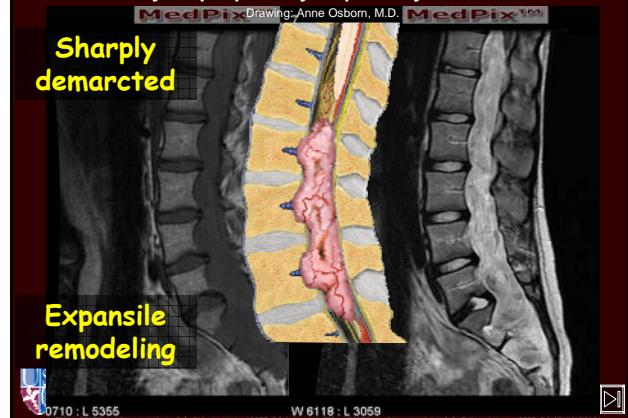
Myxopapillary Ependymoma



Myxopapillary Ependymoma



Myxopapillary Ependymoma

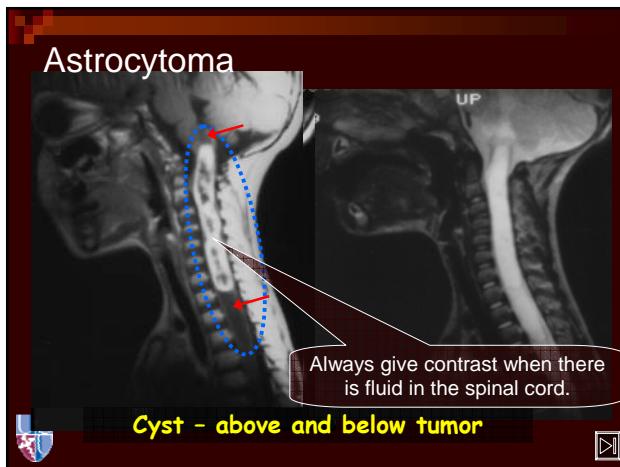


Spine - Intradural Lesions

- Intramedullary
 - Ependymoma
 - **Astrocytoma**
 - Hemangioblastoma
 - Syringohydromyelia

Cord Astrocytoma looks similar to Ependymoma, but ...

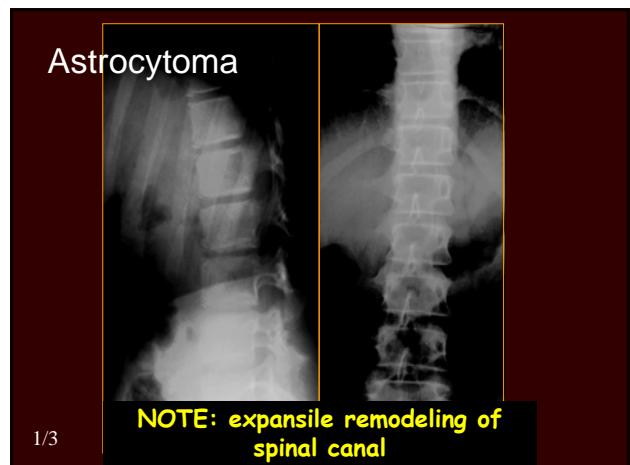
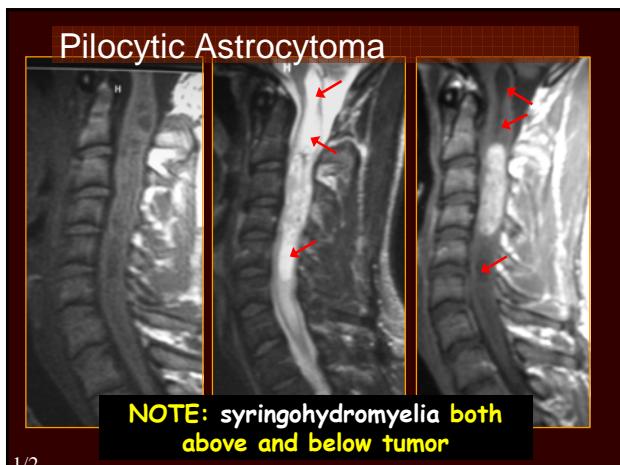
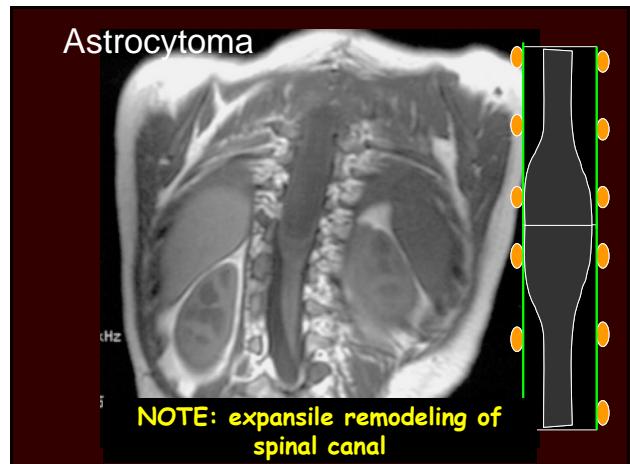
- Patients are often younger
 - Children have pilocytic astrocytoma
- Lesions more likely to be cervical or thoracic
 - Less often lumbar or conus medullaris
- Lesions less likely to have blood, hemosiderin rare
- Enhancement poorly correlates with histology – unlike intracranial tumors



Cord Glioma: Differential Diagnosis

	Ependymoma	Astrocytoma
Age	Adult	Pediatric
Location	Central	Eccentric
Morphology	Well-circumscribed	Ill-defined
Hemorrhage	Common	Uncommon
Enhancement	Focal, intense, homogeneous	Patchy, irregular
Conus or filum	Yes	Atypical

Koeller et al, RadioGraphics 2000;20:1721-1749.



Astrocytoma

NOTE: syringohydromyelia below tumor

Courtesy of Wendy Smoker

2/3

Spine - Intradural Lesions

- Intramedullary
 - Ependymoma
 - Astrocytoma
 - **Hemangioblastoma**
 - Syringohydromyelia

Intra-medullary

HEMANGIOBLASTOMA

- Synonyms: H...endothelioma, Angioblastic meningioma, Lindau Tumor
- Cell of Origin: Vascular, Endothelial?
- Associations: von Hippel-Lindau (20%), (multiple in 5%, w/o VHL)
- Incidence: 1-3% of ALL Intracranial
- Age: 30-45 (peak 33/35)
- Sex: 1-2M/1F
- Location: Subpial CRBLL > Medulla > Spinal
- Treatment: Surgery, Radiation
- Prognosis: 92% at 5yrs. (small series)

US

HEMANGIOBLASTOMA

- 1-15% of Cord Tumors
- 85-90% are Intramedullary
- 10-15% occur in Nerve Roots
- 50% Thoracic, 15% Cervical
- 20% Multiple
- 1/3 of pts. will have VHL
- Suggestive for Hemangioblastoma
 - cyst (rimmed by enhancement)
 - flow voids (hypervascular)
 - signs of hemorrhage

US

Hemangioblastoma:

- True Neoplasm Endothelial Origin
- Hypervascular
 - capillary to sinusoidal
 - dilated feeding artery
 - dilated draining vein
 - slow flow
- Stromal Cells
 - foamy, lipid-laden

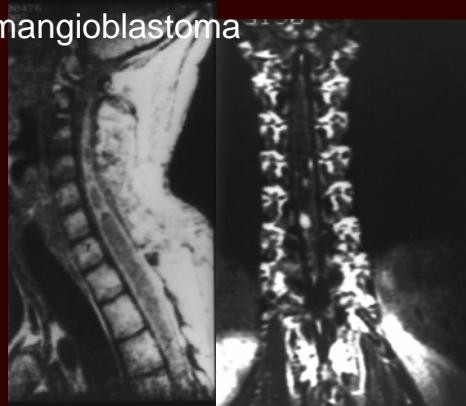
von Hippel-Lindau: Hemangioblastoma

- Cerebellum 66%
- Retina ("angiomas") 58%
- Spinal Cord/Roots 28%
- Medulla 14%

Hemangioblastoma and VHL:

- 1/6-1/5 of solitary cerebellar hemangioblastomas are associated w/ VHL
- Up to 1/2 of intramedullary HBL occur in VHL
- "ALL" Multiple HBL are VHL
- There was one family w/o VHL and multiple inherited HBL

Hemangioblastoma

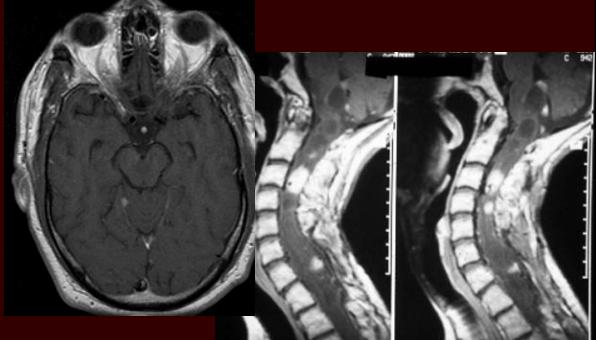


VHL - Multiple hemangioblastomas

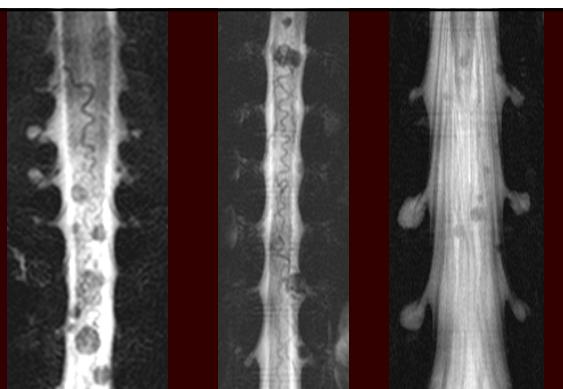


Courtesy of Greg Petermann, M.D.

VHL - Multiple hemangioblastomas



Courtesy of Greg Petermann, M.D.

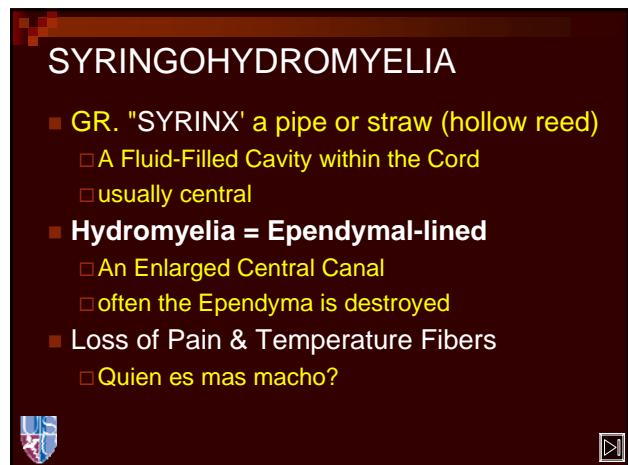
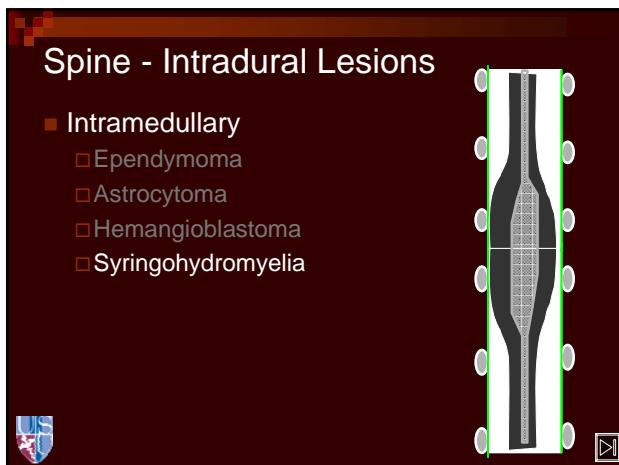
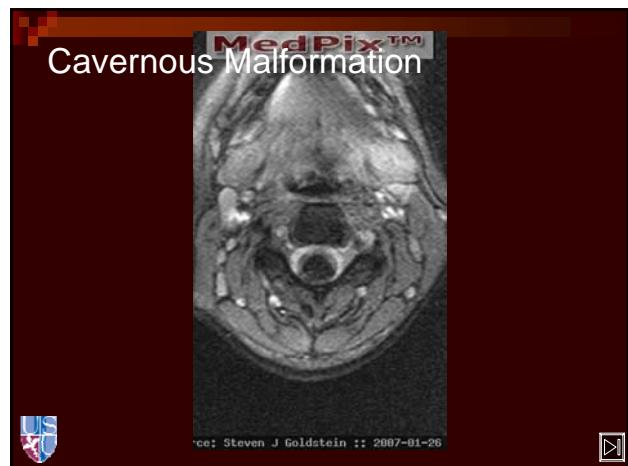
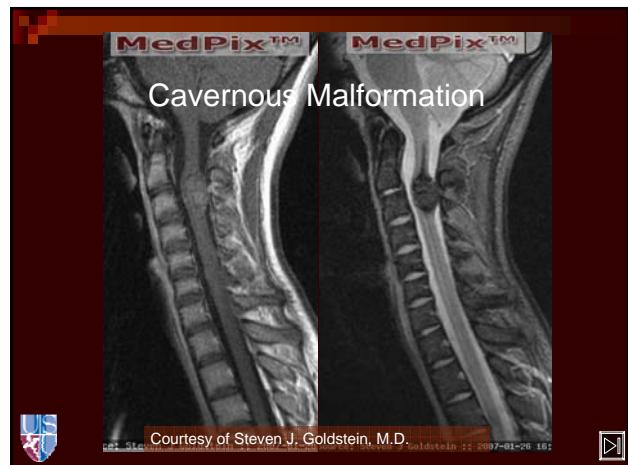
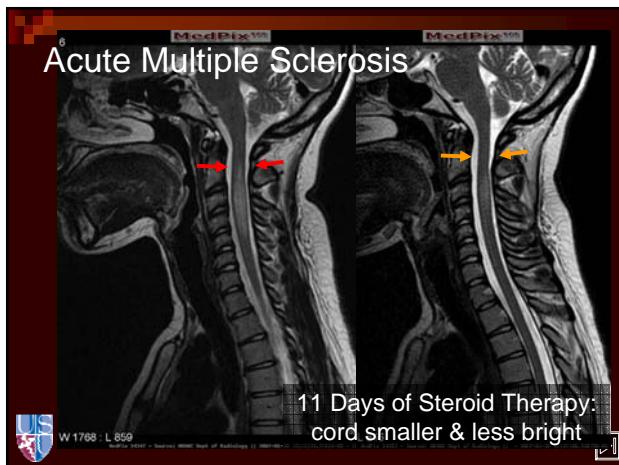


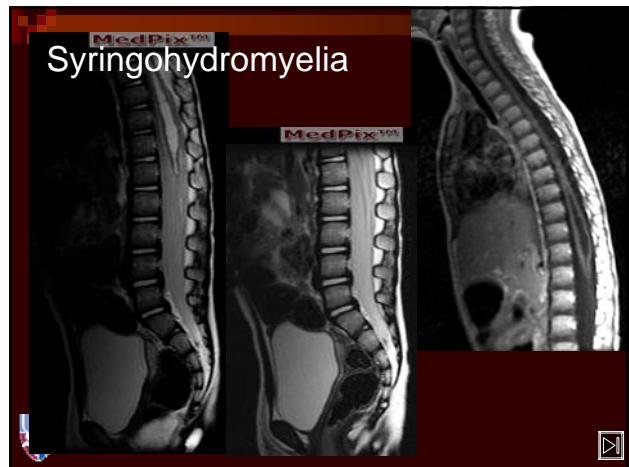
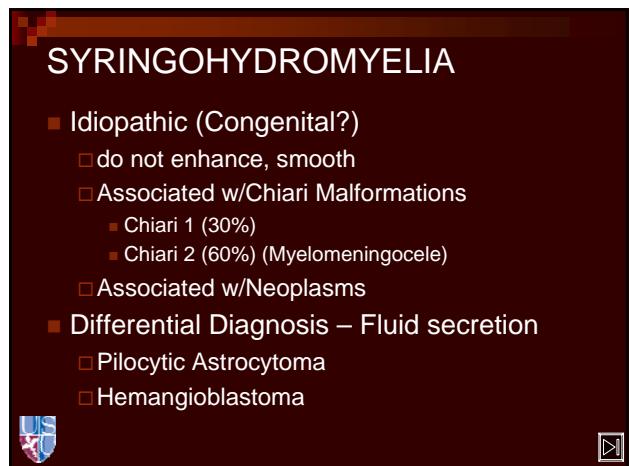
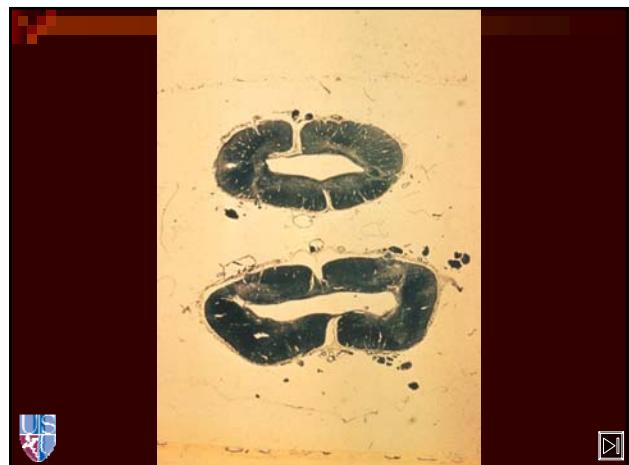
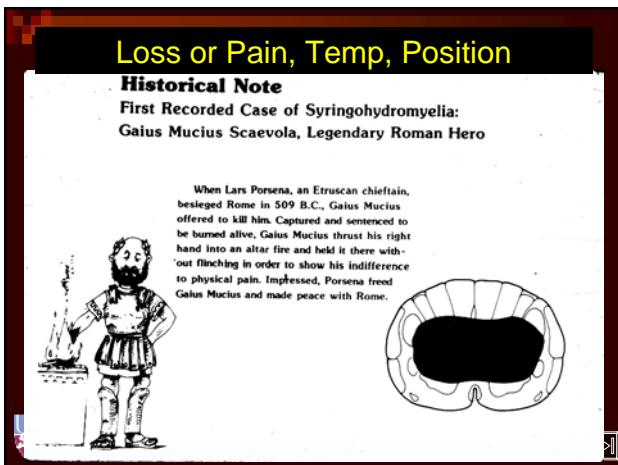
Hemangioblastoma

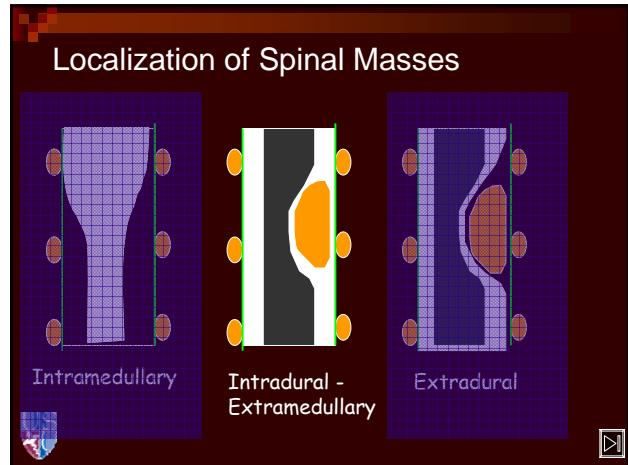
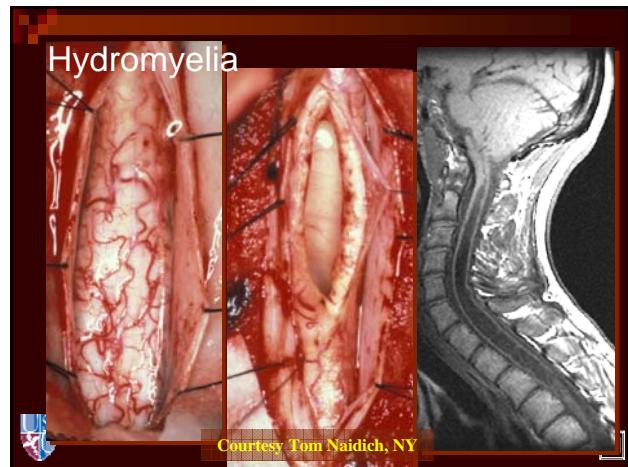
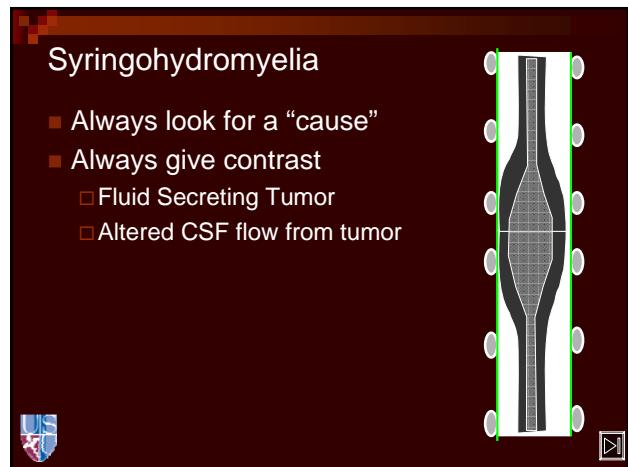
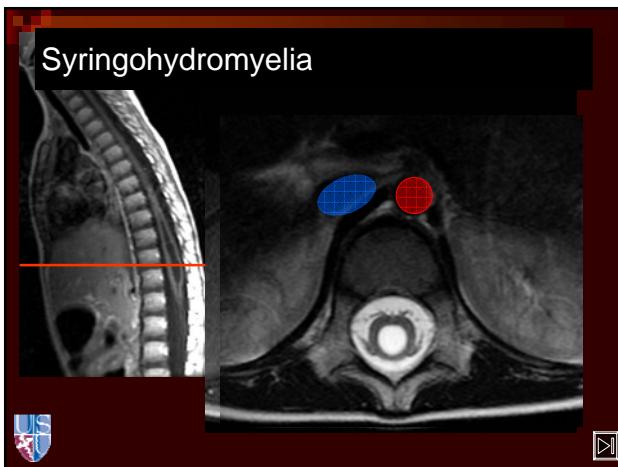
DDx of EXPANDED CORD

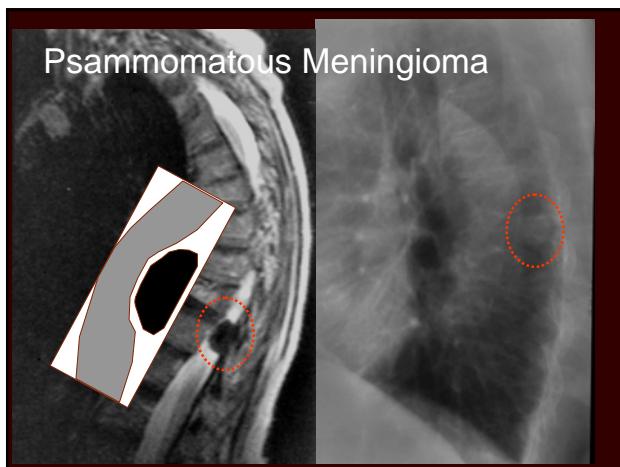
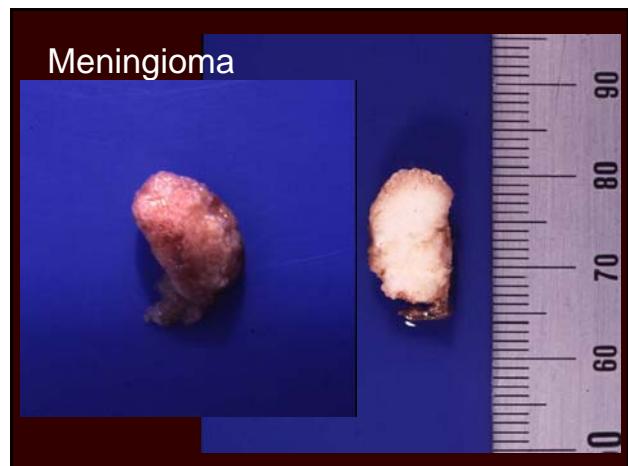
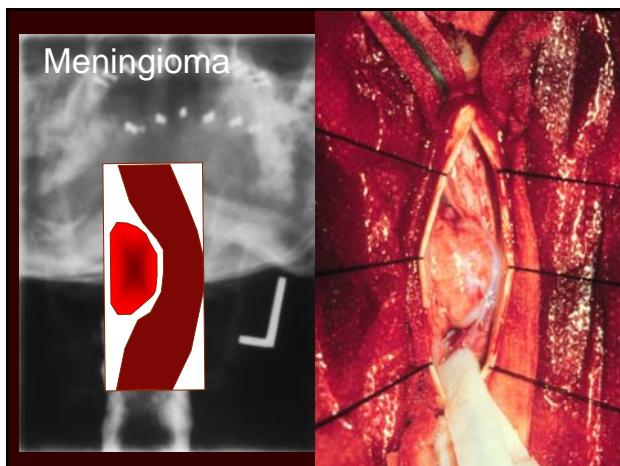
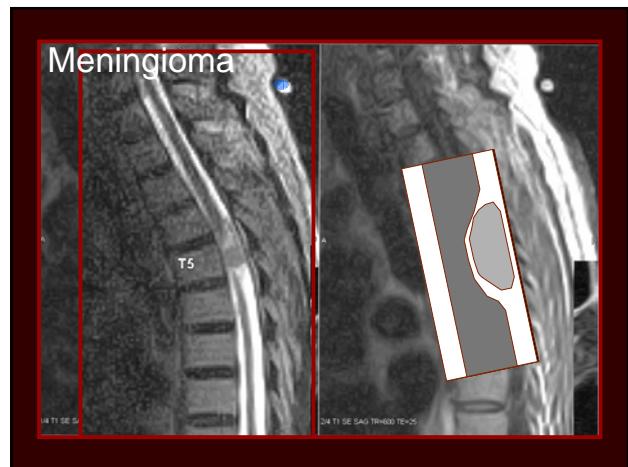
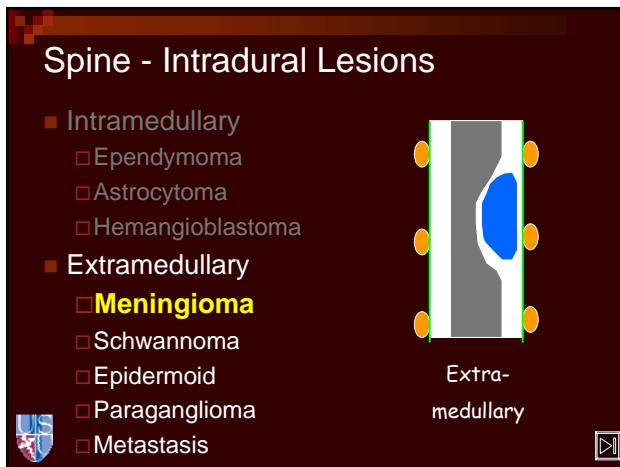
- Primary & Secondary Neoplasms
- Myelitis, Abscess
- Granuloma
- **Acute MS**
- Syringohydromyelia (primary/secondary)
- Vascular - Infarct, Edema
- Trauma - Hematoma, Contusion, Edema

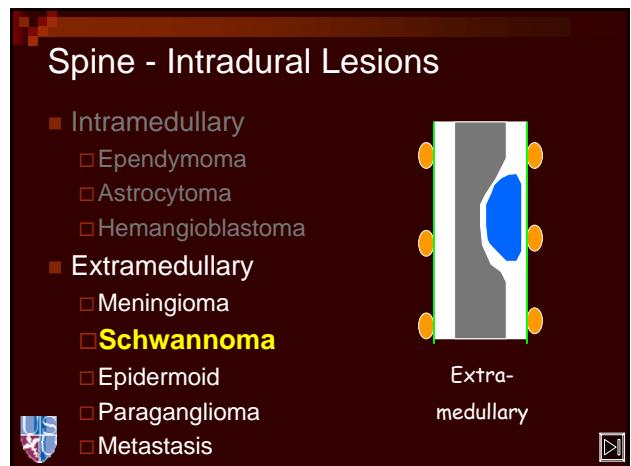
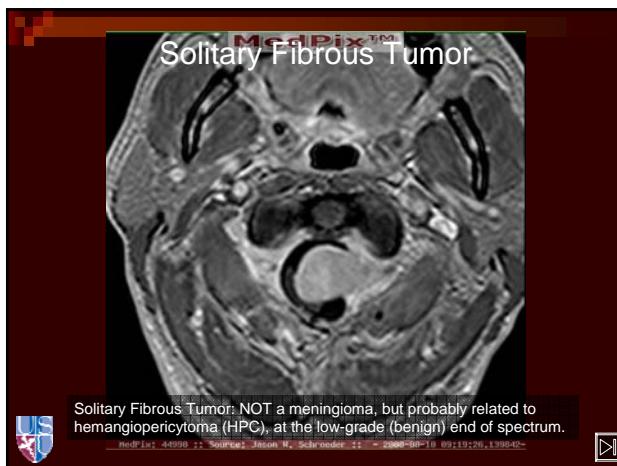
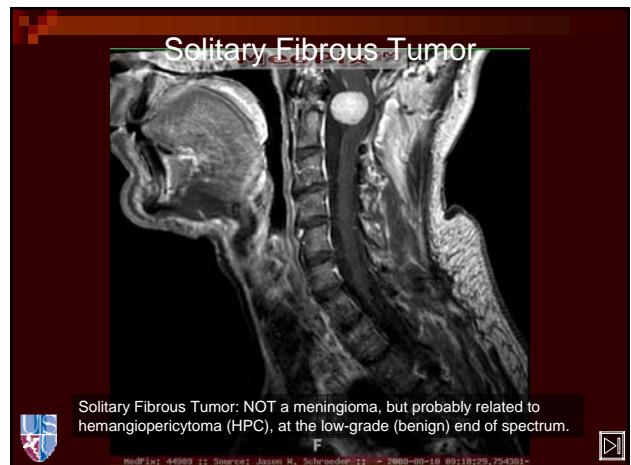


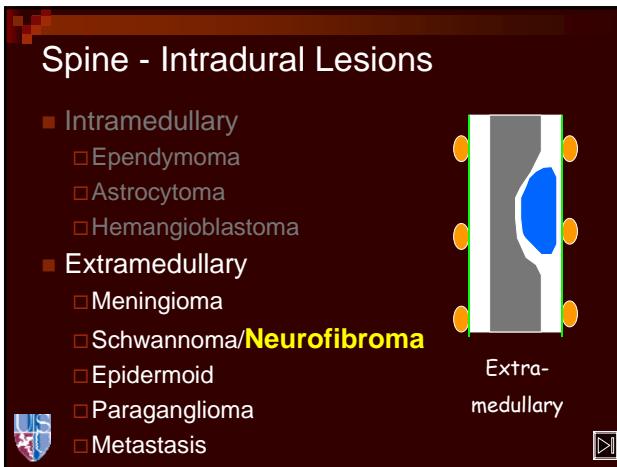
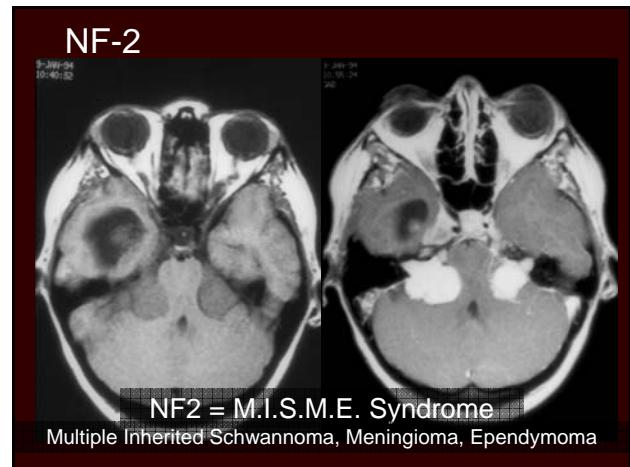
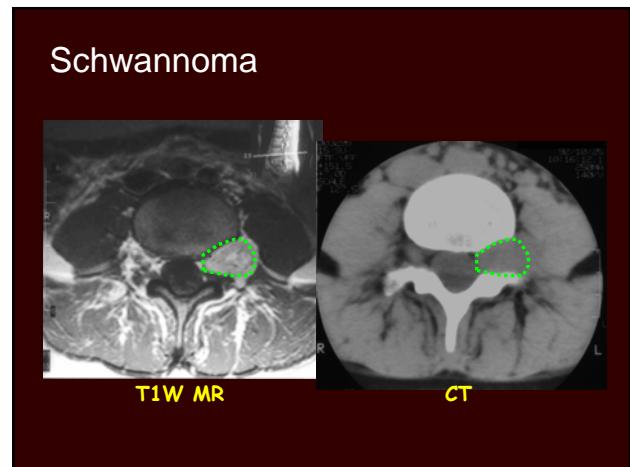
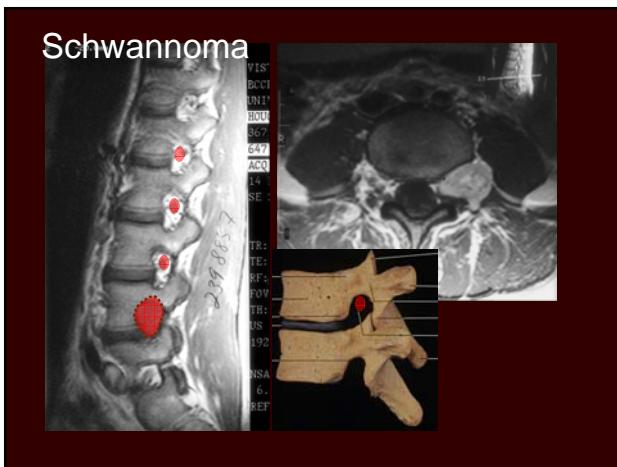


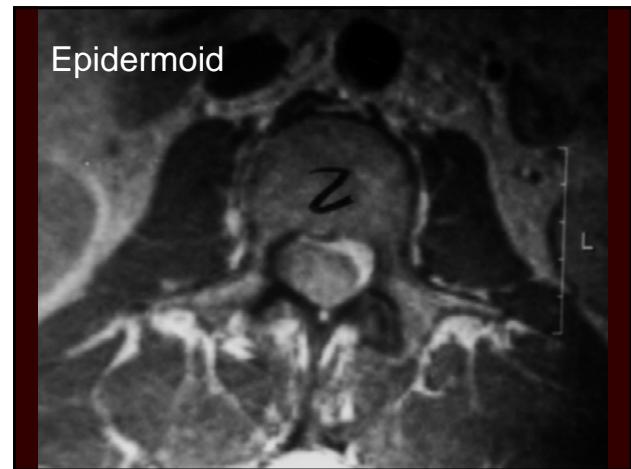
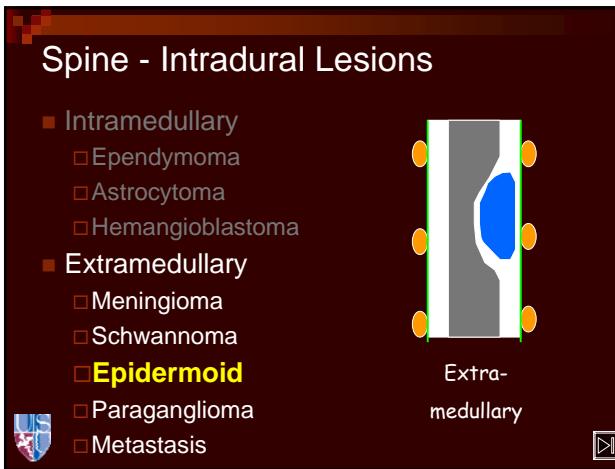
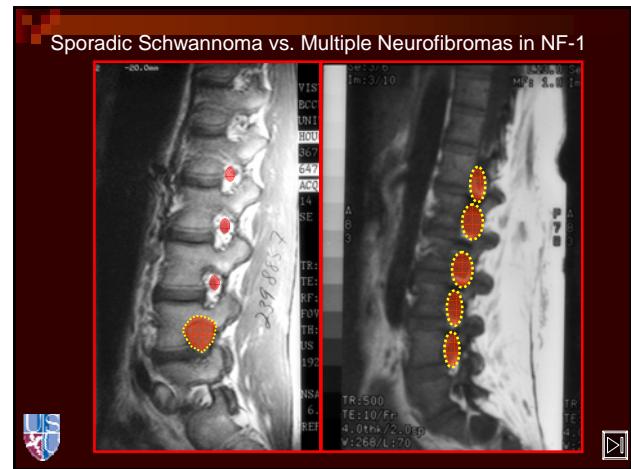
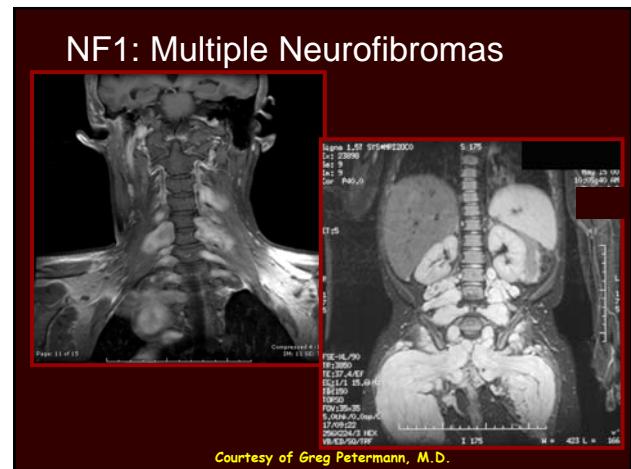
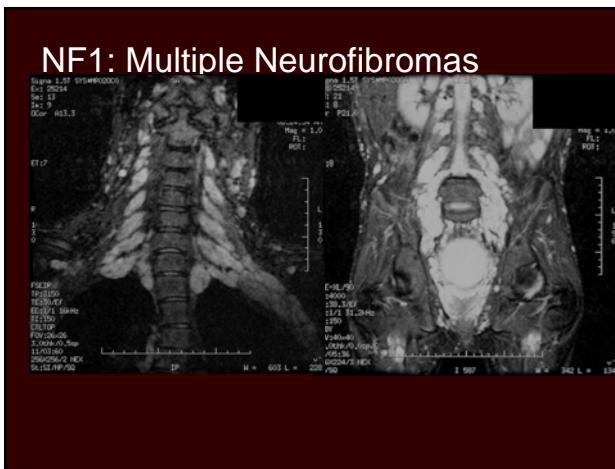


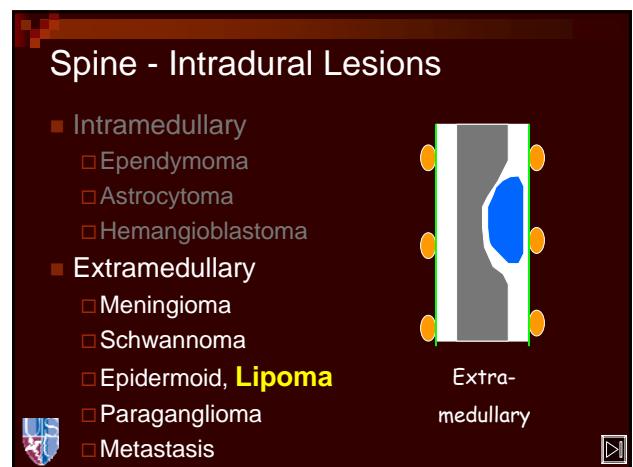
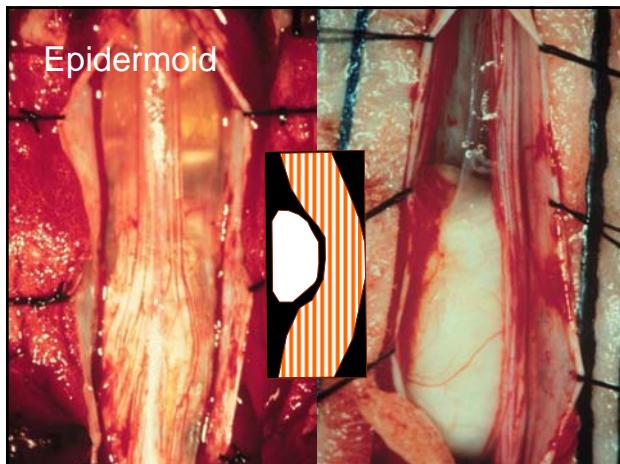
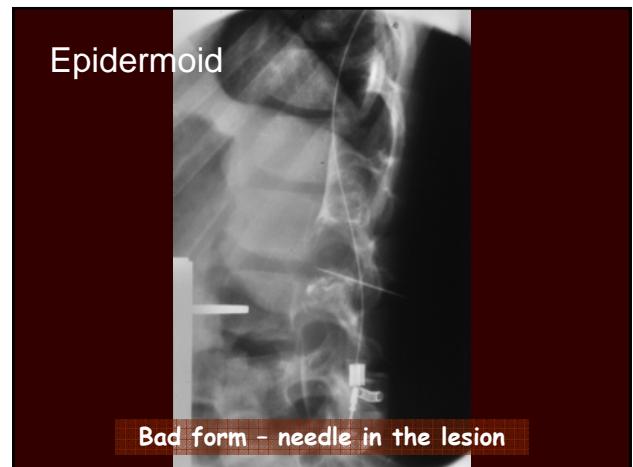


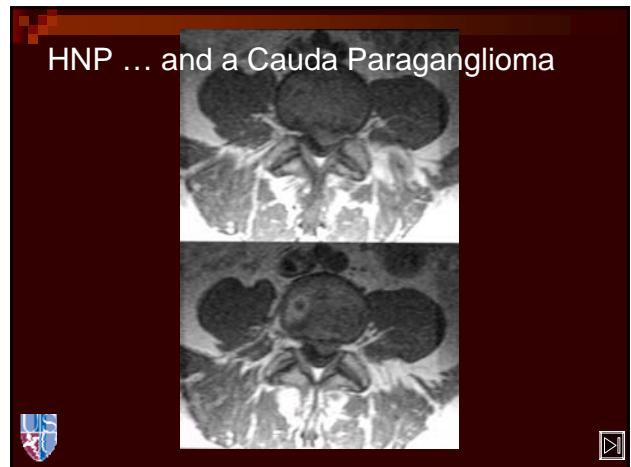
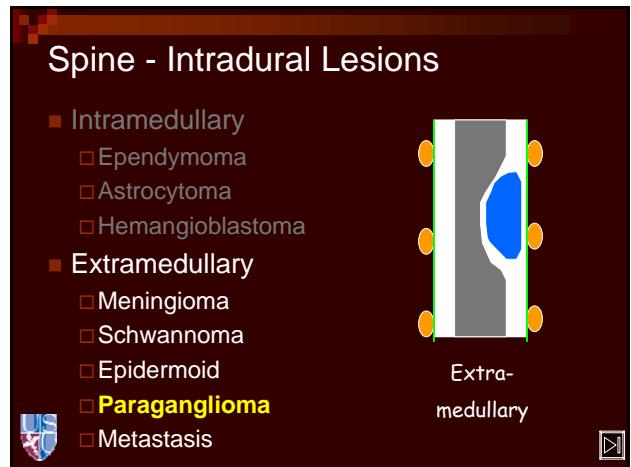
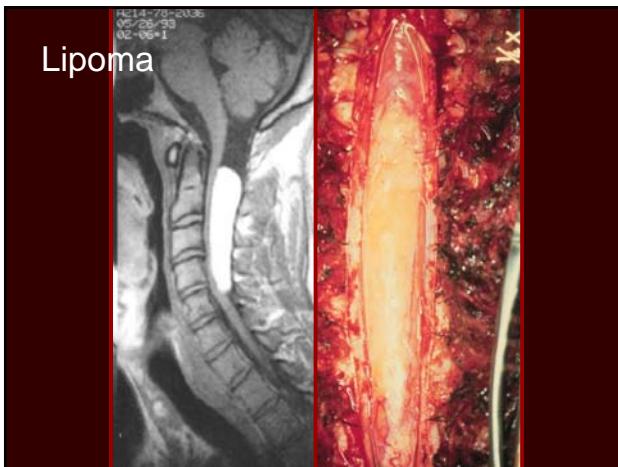


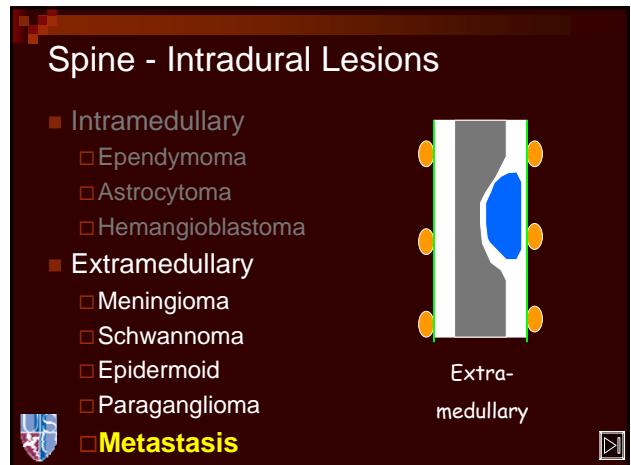
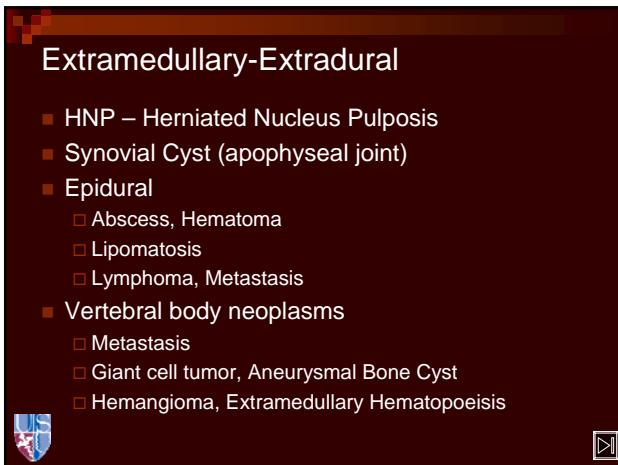
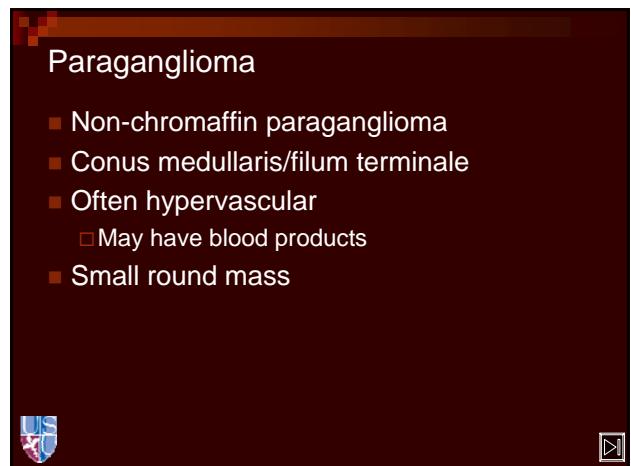
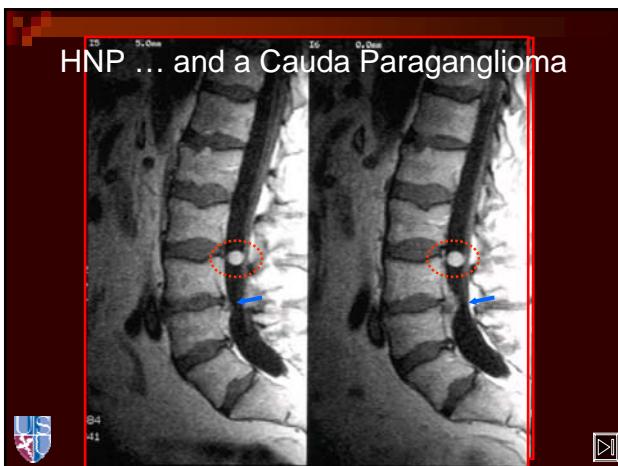
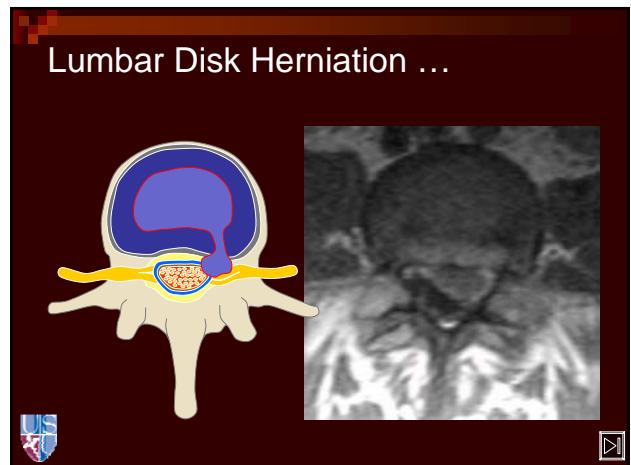
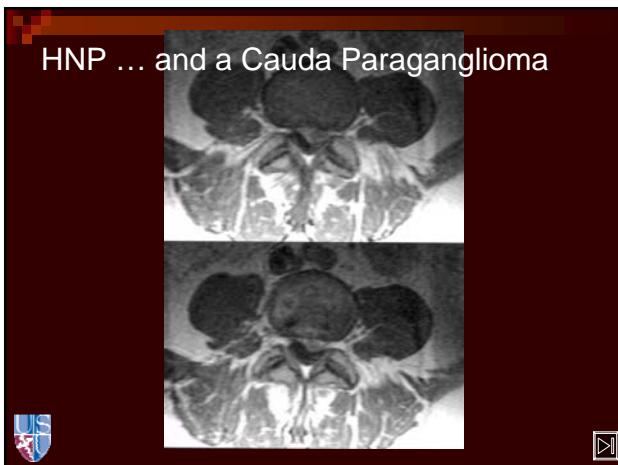


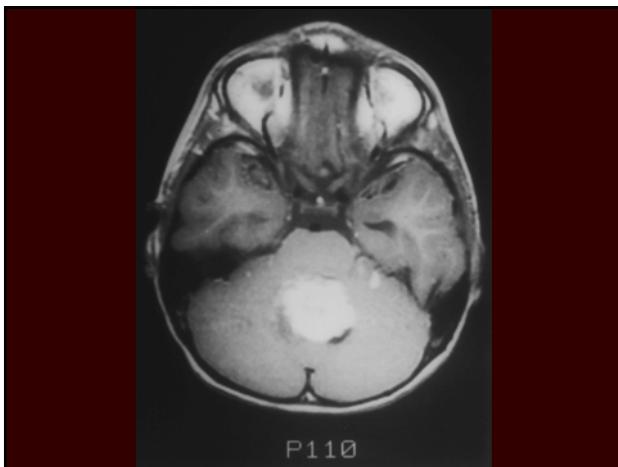








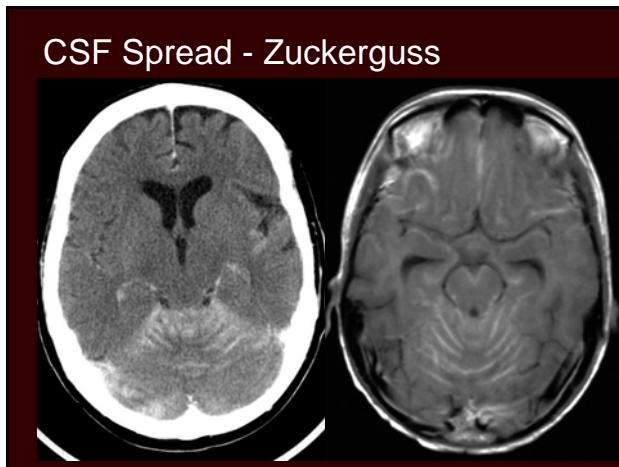




“Zuckerguss”
or
Sugar Icing
(CSF dissemination)

CSF DISSEMINATION

- Neuroectodermal:
 - PNET (medulloblastoma)**
 - GBM** (reaches ventricle or pia)
 - Ependymoma
 - Oligodendrogioma (micro curiosity - no Sx)
 - CPP and CPC
- Non-glial:
 - Germinoma**
 - Lymphoma (usually secondary)**
 - Leukemia**
 - Carcinomatous Meningitis**







Summary

